OFOI WALIFMITE COLL

PATENT APPLICATION FEE DETERMINATION RECOR				Application or Docker Number 10/056/087 10008				
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS				PATTING .	OR	OTHE	R THAN ENTITY	
	35		RATI	FEE	٦	RATE	FEE	
FOR NUMBER FILED NUMBER EXTRA		NUMBER EXTRA	BASIC	<b>370.00</b>	OR			
TOTAL CHARGEABLE CLAIMS	35 minus 20-	· 15	X\$ 9.		OR		2912	
INDEPENDENT CLAIMS	4 minus 3 -	'	X42-			100	12	
MULTIPLE DEPENDENT CLAIM PRESENT		-		-IOR	X84=	84		
• If the difference in column 1 is less than zero, enter "O" in column 2				·	OR	+280=		
			TOTA		OR	TOTAL	1094	
CLAIMS AS AMENDED - PART II					_	OTHER	THAN	
(Column 1) CLAIMS	(Colum		SMAL	LENTITY	OR	SMALL	ENTITY	
REMARKING AFTER AMENDMENT  Total  Total  Total  The pendent	PREVIO PAID F	USLY PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • 35	Minus - Z	2 - 0	X\$ 9=		OR	X\$18=		
FIRST PRESENTATION OF MU		7414	X42=		OR	X84=		
, and the same	at our entire !	~~um /	+140=			.200		
9 9 0/	/	•	TOTA	<del></del>	OR	+280 <del>-</del>		
2-3-06 (Cotumn 1)	/ (Column	n 20 Mahana 21	ADDIT FE		OR,	UDOTT. FEE		
CLAIMS	HIGHE	डा		ADDI-	1 2	· · · ·		
AFTER AMENDMENT	PREVIOU PAID F	ISLY EXTRA	RATE	TIONAL		RATE	ADDI- TIONAL FEE	
Total • 35	Minus - 3	<b>.</b>	X\$ 8=		ОЯ	X\$18=		
FIRST PRESENTATION OF MUL	1	LAIM [	X42=		OR	X84=	·	
			+140=		OR	+280=		
1-24-06 (Cotumn 1)			ADOIT, FEE		OR A	TOTAL DOIT, FEE		
	(Column				_		ł	
REMAINING AFTER AMENDMENT	NUMBE PREVIOU	R PRESENT	0.000	ADDI-	ſ		ADDI-	
AMENDMENT	PAID FO		RATE	TIONAL FEE		RATE	TIONAL FEE	
	inus - 3	-0/	X\$ 9= .		OR	X\$18=		
FIRST PRESENTATION OF MILE	INUS ON A	- 0	X42=		OR	X84=		
CALL CONTROL OF SUBSECTION OF								
* If the entry is column 1 is less than the entry is column 2, write "O" is column 3.  ** If the entry is column 1 is less than the entry is column 2, write "O" is column 3.  ** If the entry is column 1 is less than the entry is column 2, write "O" is column 3.  ** TOTAL OR TOTAL OR ADOIT, FEE								
The "Righest Number Previously Paid For" IN THIS SPACE is less than 3, ertir "3." ADDIT. FEE								
to 910-979 (Fib. 601)								